

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Compositions Comprising Mineralized Ash Fillers

the specification of which is enclosed herewith and/or was filed on 27 June 2003 as Application No. _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information which is material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56.

And I hereby appoint the registered attorneys and agents associated with **DUANE MORRIS LLP**, Customer No. 08933, as my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to Customer No. 08933, namely, **DUANE MORRIS LLP**, One Liberty Place, Philadelphia, Pennsylvania 19103-7396. Please direct all communications and telephone calls to **Gary D. Colby** at 215-979-1849.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole or
first joint inventor Michael L. Friedman

Inventor's Signature _____

Date _____

Residence Wayne, New Jersey

Citizenship USA

Post Office Address 10 Willis Avenue; Wayne, New Jersey 07470

Full name of second
joint inventor Debora Oberst

Inventor's Signature _____

Date _____

Residence Malvern, Pennsylvania

Citizenship USA

Post Office Address 101 Maple Hill Lane; Malvern, Pennsylvania 19355